

Policy Number:

Date Entered: 7/18/2014

DATE (MM/DD/YYYY)

Ī	CERI	IFICATE OF LIA	BILI	I Y INS	URANC	E		1/4/2018	
C	HIS CERTIFICATE IS ISSUED AS A MATTE ERTIFICATE DOES NOT AFFIRMATIVELY ELOW. THIS CERTIFICATE OF INSURAN	OR NEGATIVELY AMEND,	EXTE	ND OR AL	TER THE CO	OVERAGE AFF	ORDED B	Y THE POLICIES	
11	EPRESENTATIVE OR PRODUCER, AND THE MPORTANT: If the certificate holder is an A SUBROGATION IS WAIVED, subject to the	ADDITIONAL INSURED, the							
	his certificate does not confer rights to the co		ch end	orsement(s)					
PRC	DUCER David Levoy Insurance Ager								
	PO Box 30					(A/C, No): (916)652-2707		
Loomis, CA 95650				ADDRESS: daviderevoyins.com					
				INSURER(S) AFFORDING COVERAGE INSURER A: Houston Specialty Insurance Com				NAIC #	
NSURED Gutters N Covers Construction Inc.				INSURER A: INSURER B: National Liability & Fire Insurat				ce Co.	
DBA G N C Construction				RC:					
	1622 Illinois Avenue Suite	INSURER D :							
	Perris, CA 92571	INSURER E :							
		INSURER F :							
	VERAGES CERTIFICA HIS IS TO CERTIFY THAT THE POLICIES OF INS	TE NUMBER:				REVISION NUM			
۱۱ C	HIS IS TO CERTIFY THAT THE POLICIES OF HIS IDICATED. NOTWITHSTANDING ANY REQUIREM ERTIFICATE MAY BE ISSUED OR MAY PERTAIN XCLUSIONS AND CONDITIONS OF SUCH POLICIE	IENT, TERM OR CONDITION O	F ANY D BY T	CONTRACT (THE POLICIES	OR OTHER DO	OCUMENT WITH	RESPECT T	O WHICH THIS	
	ADDL SI	JBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS		
				(1111/00/1111)	(1111)	EACH OCCURRENG	CE \$	1,000,000	
7	CLAIMS-MADE X OCCUR	TEN-20563		1/2/2018	1/2/2019	DAMAGE TO RENTE PREMISES (Ea occu		100,000	
						MED EXP (Any one	, .	5,000	
						PERSONAL & ADV		1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREG		2,000,000 2,000,000	
						PRODUCTS - COMP	P/OP AGG \$		
	OTHER:								
	ANY AUTO					(Ea accident) BODILY INJURY (Pe	r person) \$		
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Pe	r accident) \$		
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAG (Per accident)	E \$		
							\$		
	UMBRELLA LIAB OCCUR					EACH OCCURRENC	CE \$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
	DED RETENTION \$					PER STATUTE	OTH- ER		
	AND EMPLOYER S' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDEN		1,000,000	
3	OFFICER/MEMBER EXCLUDED?	V9WC862363		7/23/2017	7/23/2018	E.L. DISEASE - EA E	Ψ.	<u> </u>	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POL			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACC	RD 101. Additional Remarks Schedule	e. mav be	attached if more	space is required	L	[
			, may be		space is required	_)			
CERTIFICATE HOLDER **Proof of Insurance**				CANCELLATION					
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
			AUTHO	RIZED REPRESE		S	4		
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